UAB FACILITIES
PROJECT FINANCING AND SCHEDULING REPORT (PFSR)
Document Transmittal

PROJECT: _____

_____

PROJECT #: _____

CONTACT: _____ **PHONE:** _____

REPORT	INITIAL	REVISED	REPORT #	DATE
Planning	☐	☐	_____	_____
Planning/Design	☐	☐	_____	_____
Overall Budget	☐	☐	_____	_____
Partial Budget	☐	☐	_____	_____
Other	☐	☐	_____	_____

COMMENTS: _____

_____

_____

_____

_____

_____

RECOMMENDED BY:

_____ **Date:** _____
Project Manager

_____ **Date:** _____
Department Director

ROUTING:

Facilities Division

☐ **Associate Vice President for Facilities**

☐ **Financial Management – Facilities (Marlo/Sheryl)**

Financial Affairs

☐ **Accountant, General Accounting**

☐ **Associate Vice President for Financial Affairs & Administration**

AFTER APPROVALS RETURN TO:

(Marlo/Sheryl) Facilities Financial Management, FAB 220, Zip 4554 (ext. 5-7044)